## Health Care Financing Administration 2000 National Customer Service Conference New York Marriott Marquis New York, New York August 7-9, 2000

## APPLICATION AND AGREEMENT FOR EXHIBITION SPACE

Name:		
Company/Organization:		
Address:		
City:	State:	Zip Code:
Telephone:	Fa	ax:
	Booth Rates	
1 – 8' x 10' pipe & drape booth with 6' table, 2 chairs, 7" x 44" company ID sign, and wastebasket. \$150.00		
1-8' $x$ $10$ ' pipe & drape booth with 7" $x$ $44$ " company ID sign only. \$85.00		
Payment is due with space reservation.		
Products and/or services to be presented:		
Staff Personnel:		
Signature:		Date:

Please forward the completed form along with payment by <u>July 28, 2000</u> to:

Margaret Hill, Project Director

AFYA, Inc.

Make checks payable to: AFYA, Inc.

6930 Carroll Avenue, Suite 1000 Takoma Park, MD 20912

Phone: (301) 270-0841 ext. 242 Fax (301) 270-4186